

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☐

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 8040

CLT NAME: Public Transit Association (NY)

130888

HAND DELIVERED IV: Exp. NonProc

ENT'D FEB 05 2013

RECEIVED JAN 15 2013 XI: Exec. Dir.

IV: (D) \$376 CAD

CV# 8040 50-

II Client Information

Name: New York Public Transit Association, Inc. (CL001559)

Permanent Business Address: 136 Everett Rd

City: Albany

Business Phone: 518-434-9060

Third Party Beneficiary (see instructions): N/A

State: NY

Fax Number: 518-426-7092

ZIP code: 12205

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Weingarten, Reid & McNally LLC

Address: One Commerce Plaza, Suite 1105

City: Albany

Compensation for current period: \$13,000 .00

Phone Number: 518-465-7330

State: NY

ZIP code: 12210

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Address:

City:

Compensation for current period: \$.00

Phone Number:

State:

ZIP code:

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Address:

City:

Compensation for current period: \$.00

Phone Number:

State:

ZIP code:

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$13,000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$	72 .00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	0 .00
C Itemize each expense exceeding \$75:		
PAID TO: Weingarten, Reid & McNally, LLC	DATE: 08 / 31 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Reimbursed expenses	AMOUNT: \$ 128 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO: Weingarten, Reid & McNally LLC		
DATE: 10 / 31 / 2012		<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Reimbursed expenses		<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period: \$ 304 .00 (if applicable, include all expenses from attached pages in total)		

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Capital District Transportation Authority

or
Single Source Person's Last Name:

First Name:

Address: 110 Watervliet Ave.

City: Albany

State: NY

ZIP code: 12206

Phone: 518-482-3371

Date Contribution Received:	02 / 23 / 2012	Amount of Contribution: \$	1,750 .00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: Central New York Transportation Authority

or
Single Source Person's Last Name:

First Name:

Address: 200 Cortland Ave., PO Box 820

City: Syracuse

State: NY

ZIP code: 13205

Phone: 315-442-3300

Date Contribution Received:	02 / 23 / 2012	Amount of Contribution: \$	1,450 .00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Metropolitan Transportation Authority

or
Single Source Person's Last Name:

First Name:

Address: 347 Madison Ave

State: NY

ZIP code: 10017

City: New York

Phone: 212-878-7313

Date Contribution Received: 03 / 14 / 2012

Amount of Contribution: \$ 9,000 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 4

Single Source Entity's Name: Niagara Frontier Transportation Authority

or
Single Source Person's Last Name:

First Name:

Address: 181 Ellicott St

State: NY

ZIP code: 14203

City: Buffalo

Phone: 716-855-7300

Date Contribution Received: 02 / 23 / 2012

Amount of Contribution: \$ 2,310 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 5

Single Source Entity's Name: Nova Bus

or
Single Source Person's Last Name:

First Name:

Address: 260 Banker Rd

State: NY

ZIP code: 14609

City: Plattsburgh

Phone: 518-566-6682

Date Contribution Received: 07 / 12 / 2012

Amount of Contribution: \$ 1,360 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: Rochester Genesee Regional Transportation Authority
or
Single Source Person's Last Name: First Name:

Address: 1372 East Main St

State: NY

ZIP code: 14609

City: Rochester

Phone:

Date Contribution Received: 08 / 06 / 2012 Amount of Contribution: \$ 1,600 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 7

Single Source Entity's Name: Westchester County DOT (The Bee Line System)
or
Single Source Person's Last Name: First Name:

Address: 100 EAST First St

State: NY NY

ZIP code: 10550

City: Mount Vernon

Phone:

Date Contribution Received: 03 / 13 / 2012 Amount of Contribution: \$ 2,160 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # _____

Single Source Entity's Name: First Name:
or
Single Source Person's Last Name:

Address:

State: NY

ZIP code:

City:

Phone:

Date Contribution Received: 07 / 12 / 2012 Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

VI Subjects lobbied:

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

☐ Continued on attached pages

VIII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A4002 S2802 A4003A S2308A A4004A S2804A

A4005 S2805 A4006 S2806 A4007A S2807A A4008A

S2808A A4009A S2809A A4010A S2810A A4011A

S2811A A4012A S2812A A4013 S2813 S4257A

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

PRINT NAME: LAST

TITLE:

Mark One:

☐ Chief Administrative Officer

☐ Designee (Attach Letter)

DATE:

FIRST

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.